

METHODS USED TO ASSURE TRANSPORTATION OF RECIPIENTS TO AND FROM PROVIDERS

Transportation of recipients to and from providers of service is available in two categories: ambulance and non-ambulance. Ambulance transportation is provided through direct vendor payment and is further described in Attachments 3.1A, 3.1B, and 4.1B.

The Commonwealth assures non-ambulance transportation through the following methods:

A. Contractual agreement between the Commonwealth and local entity.

Non-ambulance transportation is provided in accordance with regulations established by the single state agency at the local level by county governments and through contracts with local transit agencies including provisions where necessary for subsidies for recipients.

Clients who are determined financially eligible for Medicaid by the single state agency may request non-ambulance transportation service from the county or local transit agency. The county/local transit agency assures that transportation is not otherwise available and is necessary to receive a medical service, and then arranges for transportation service as required. The county/local transit agency will assure that the mode provided is adequate to the client's need and is an economical service.

The following modes of transportation are made available to recipients through the county/local transit agency: mass public transportation, commercial para-transit or taxi, volunteer transportation and recipient supplied transportation.

A funding allocation is made to each county for their use in providing non-emergency transportation. Additional funds are available to assure the provision of non-emergency transportation services to Medical Assistance covered services.

B. Non-Contractual.

In those counties in which the Commonwealth does not contract for non-ambulance transportation as described in A above, the cost of recipients' transportation to covered medical services is paid by the County Assistance Office located in the county in which the recipient resides. The County Assistance Office evaluates the need for recipients' transportation as follows:

1. Medical Services requested are covered by the Medical Assistance Program.

2. There are definite appointments and arrangements made for the provision of care.

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3. All other resources are explored, i.e., family, friends, County Court, Veterans Administration facilities.

4. Use of nearest Medical Assistance resource unless specialized service necessitates additional travel.

Payment is made for public transportation in accordance with the rates as established for the general public. For recurring transportation needs, categorically needy recipients may receive either a County Assistance Office disbursement or have an allowance for public transportation included in their regular grant. Medically needy recipients may receive County Assistance Office disbursement not to exceed the actual cost for a three month period.

If public transportation is not available, payment for private vehicles is at the rate of \$.12/mile. If the total transportation cost is more than \$50.00 per month for a recipient, it must be approved by the Executive Director of the County Assistance Office or his/her delegate.

C. ACCESS Transportation.

The ACCESS Program includes billing for the cost of transporting students to the site of their Medicaid-eligible health-related services. This expansion will provide the Local Education Agency (LEA) with the ability to seek reimbursement for the cost of transporting Medicaid-eligible students with disabilities with IEPs or IFSPs to the site of their therapeutic service. ACCESS billing is limited to door-to-door transportation provided by specialized vans for handicapped students.

1. In order to qualify for reimbursement of transportation costs, the following criteria must be met:
  - The LEA must be enrolled in the Medical Assistance Program and billing for Medicaid-eligible health-related services.
  - The LEA must verify that the student has transportation in their IEP or IFSP.
  - The LEA must provide cost data in order for an average cost per student to be calculated.
  - The student must have received a medical assistance eligible health-related service on the day of the transportation claim.
  - Costs will be determined from documentation submitted from the preceding year.

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

ATTACHMENT 3.1D

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2. Transportation costs will be calculated based on the following:

- a. Total Actual Cost - represents the LEA's prior year audit of costs related to operating all specialized vans used to transport children with disabilities, having an IEP or IFSP to and from school.
- b. Total Number of Students Transported - calculated by adding the Total Number of pupils transported via all specialized vans.
- c. This data will be used to calculate the average total transportation cost per student per day, based on the following formula:

$\text{Total Actual Cost} \div \text{Total Number of Students Transported} = \text{Average Cost per Student for School Year}$

$\text{Average Cost per Student for School Year} \div 180 = \text{Average Total Cost per Student per Day.}$

- d. The Medicaid reimbursement for transportation is based only on the specialty transportation provided to handicapped children.
- e. The children are determined based on the list of students being billed through ACCESS and who have transportation listed as a related service on the IEP or IFSP.